VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06737

	0.03	CERTIFICA	IL OI DEATI		0000
1. PLACE OF DEATH	-	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	There deceased lived. If institut b. COUNTY	ion: Residence before admission)
	Caroline		Mary.		Caroline
B. CITY OR TOWN	N (If outside corporate limits, e nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give nearest town)
	Greensboro	1 Month	Rural Gr	eensboro	
d. NAME OF HO	SPITAL (If not in hospital, given		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
or Cher	ry Nursing	Home	None		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mo	nth Day Yeor
(Type or print)	Mary	E.	Moore	DEATH	13 19 60
5. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White v	WIDOWED DIVORCED	8-12-1874	last birthdoy)	Months Days Hours Min.
Oo. USUAL OCCUPA	ATION (Give kind of work do	ne 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housew:	vorking life, even if retired)	None	New J	ersey	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	Joseph Ohan	lon	No Rece		
	-		FORMANT		dress
(Yes, no, or unknown)	(If yes, give war or dates of serv				
No			ames L. Mo	oore Greens	
		se per line for (o), (b), and (c).]			ONSET AND DEATH
PART I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Chronic Myo	carditis		ONSE! AND BEATH
1491	DUE TO				
Conditions, i	form which \	General Art	onionalono	ala	
gove rise to	immediate (D)_	delieral Ar.	erroscrero	RIB	
couse (o), stati					
lying couse lo	/ (c)_	Tions contributing to act the			WEST TO THE WAY AND THE
PART II.	OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GI	VEN IN PART I(6) 19. WAS AUTOPSY PERFORMED?
₫					YES NO
- ZVG. ACCIDENT	WAS UNDERLYING 20	0b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Part II of item 18.)	
	IFY MEDICAL EXAMINER)				
\$ 20c. TIME OF IN			CE OF INJURY (Home, for		(County) (State)
20c. TIME OF IN Hour o. p.	10	While Not while of work of work	tory, street, office bldg., et	(c.)	
			Mars 30	Tona 7	7 60
		attended the deceased fram.			
		e_12_160 , and that d	eath accurred at 91	M, from the causes a	
220. SIGNATURI	0 0 15	Ver 1	ATTENDING	AFD STAFF	22b.DATE SIGNED
Col	carles 7	Tourseles !	ATTENDING ATTENDING PHYS.	MED. STAFF PHYS.	
22c. PHYSICIAN	'S		22d. ADDRESS	401	
TO TOTAL	darles H. St	tonesifer, M.D.	Greens	boro, Md.	
23a. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City, town,	or county) (State)
REMOVAL (Spec	ify)				, Maryland
Burial 24 AUNERAL DIRECT	OP'S SIGNATURE	Greensboro			ISTRAR'S SIGNATURE
STATE OF THE CO	OK 3 SIGINATURE	A ADDRESS	230. REC	D DI KEGISIKAK ZSB. KEG	ISTRAK S SIGNATURE
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1.64	Joulais L	Trunsbors.	md. DATE JI	JN 17'60 a	allow S. Kenus

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06732 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6764MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist	Ma
Reg.	MINI.	140.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
MARYLAND	O. STATE TARY LAND b. COUNTY (PAROLINE
b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
KUKA DENTOK	IX RURAL WENTON
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
	ON A FARM?
3. NAME OF A First . Middle	
(Type or print)	LARK OF DEATH QUNE 11 1960
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 18.	DATE OF BIRTH PART 9. AGE (In years IFUNDER 1YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	2 E 1 3 1 82 yrs. Months Days 10018 11111.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housever home) alaware With
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Tinley	Cathorine Walker
15. WAS DECEASED EVER-INTU. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) 17. In the control of the co	NFORMANT A COLLADOR Address
mot!	toward class, Janetoro, mid.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Hurs &
DUE TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Condition if any which	10000
gave rise to immediate cause	v lem mins
(a), stoting the underlying DUE TO	U U
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY
O CONTRACTOR OF THE STATE OF TH	PERFORMED?
U	YES NO
CAUSE OF DEATH.	nter nature of injury in Port I or Port II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour a. m. p. m. 19 While Not while of work	pry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry , and find that
death resulted from: Natural causes 🗗, Accident 🔲, Suid	The state of the s
Accident [], 3010	ide [], Hollicide [], Onderermined coose [].
ACTUAL MALLE DITTOR OF	DATE SIGNED
SIGNATURE SUNCES OF PROPERTY	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S A	ASSISTANT MEDICAL EXAMINER JUNE 13 1960
NAME (Type) Dawson C. Alovae M	DEPUTY MEDICAL EXAMINER
229 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, county) (Stote)
Burial June 17. 1900 Stolling	wood Harrington, lel.
28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D 8Y REGISTRAR 24b, REGISTRAR'S SIGNATURE
Lian horreston buleto	hele DATE JUN 16'60 Afthur S. France

VS. A15ME(5) 5M 9/55

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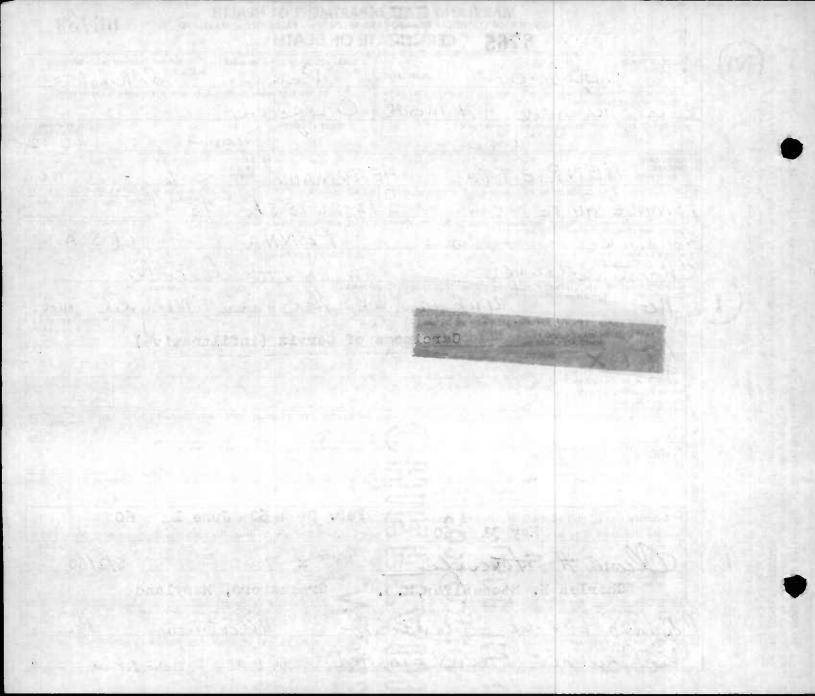
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6765 CERTIFICATE OF DEATH

06733

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
aroles	MARYLAND MARYLAND	o. STATE (senna, b. COUNTY Scheich)
b. CITY OR TOWN (If outside corporate lim	its, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
Rural Mary de	0 4 months	Orefield, 75x-3
d. NAME OF HOSPITAL (If not in hospital, or INSTITUTION	give street address)	d. STREET ADDRESS e. IS RESIDENC ON A FARM
OK INSTITUTION	none	non YES NO
3. NAME OF	rst Middle	Last 4. DATE Month Day Year
(Type or print) HENRIE	ETTA HE	ERRMANN OF DEATH 6 - 1 196
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
FEMALE WHITE	WIDOWED DIVORCED	12-26-18 8 R lost birthdoy) Months Doys Hours Min
100 USUAL OCCUPATION (Give kind of work during most of working life, even if retired		STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
Here Average	none	PENNA. U.S.A.
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN NAME
Christian Co	Che.	marmoto Leven le
15. WAS DECEASED EVER IN U. S. ARMED FOR		NFORMANT Address
1 No	Unknown &	ohn Hermann Marydel Md
18. CAUSE OF DEATH [Enter only one or	suse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Carcinoma	of Cervix (infiltrative)
DUE TO		
Conditions, if only, which)	b)	
gove rise to immediate Couse (o), stating the under-		
lying couse lost.	c)	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP
PART II. OTHER SIGNIFICANT CON		YES NO
W 20- ACCIDENT WAS UNDERLYING TO	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Doy, Ye Hour o. m. 19		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (States, office bldg., etc.)
Hour o. m. p. m. 19	While Not while of work of work	citify, sheet, white blugs, etc.,
21. I certify that (I) (this hospita	1) attended the deceased fram	Feb. 2 19 60 to June 1 160 , that (I) (we) I
saw the deceased alive an M	ay 31 1960, and that o	death accurred of A.M. from the causes and an the date stated above
220. SIGNATUE	- 1	225 DATE
(Kepel # 5	Houseles	M.D. PHYS. MED. STAFF 6/1/60
22c. PHYSICIAN'S NAME (Typ)		22d. ADDRESS
NAME (Typeharles H.	Stone gifer, M.D.	Greensboro, Maryland
239 BURIAL, CREMATION, 23b. DATE THERE	OF 235 NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 6-4-6	oo Trander	eir allenteren Pa
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1.6. Doular	Streenslow	mel. DATELIN 2 160 000 0 8
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	66
MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
0/05	Re	g. Dist. No.

06734

1. PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline				
b. CITY OR TOWN (and give nearest tow Rural	f outside corporate fimits, write Pederalsb		c. LENGTH OF STAY IN 16 53 years	c. CITY OR TOWN (porote limits, write eralsburg		give near	est town)
	idgeville		oital, give street address)	d. STREET ADDRESS	Ldgevil	le Road			ON A FARM?
3. NAME OF DECEASED (Type or print)	Frede		Middle William	Hulliger	4. DATE OF DEATH	Month June		Day 6	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. MARRIEI	D MEYER MARRIED 8	July 15, 18	392	9. AGE (In years lost birthday) 67 yrs.	Months D	-	UNDER 24 HRS. gurs Min.
100. USUAL OCCUPATION of working most of working the control of th	ng lite, even it retired)	done 10b. Ki	IND OF BUSINESS OR INDUST	Bern, S				S. S.	A.
13. FATHER'S NAME John Hu	-			14. MOTHER'S MAIDEN Unkn					
15. WAS DECEASED EN (Yes, no, or unknown) Yes	/ER IN U. S. ARMED FO (If yes, give war or dates of WW I	RCES? 16. S		Mrs. Helen N	. Hull	Address Liger RI	D Fed	eral	sburg
The second secon	diate cause		My ocdin Tetrio Sch	lels Chri	mie			ONSET A	BETWEEN ND DEATH YM1.
CATIO		DITIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIVI	EN IN PART	1(o) 19. YES	PERFORMED
	USE WAS NTRIBUTING ()	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury In Pa	rt I ar Port II	af ilem 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea	While	Not while at wark	CE OF INJURY (Home, forcery, street, affice bldg., etc.	m, 20f. (City	or town)	(Coun	nly)	(Stote)
ACTUAL SIGNATURE		causes X	emains described aba Accident [], Suid Rouge orge	· · · · · · · · · · · · · · · · · · ·	EXAMINER CAL EXAMINE			D	and find that ATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify BUTTAL	June 9,		nc. NAME OF CEMETERY OR Hill Crest			TION (City, town, o		Mary:	(Siole) Land
J. J. Fre	es signature amptom and	Son	Federalsbur	200	D BY REGIST		TRAR'S SIGN	1.0	

S CERTIFICATE OF DEATH	HIMINAL EXAMINER		
		*	
Address of the State of the Sta		A STATE OF A STATE OF	
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		STATE OF THE PARTY OF	

3. NA. DEC. (Typ. S. SEX M. 10a. U du T. 13. FAT	URAL and give in the control of the	TAL (If not in hospital, gonton Read Fir Webster	m 7. MARRIED WIDOWED dane 10b. KIND	Middle Jo: NEVER MARRIED [DIVORCED [/ d. STI	Federa REET ADDRESS 203 De	4. DATE OF DEATH	Manth	Doy 3	IS RESIDENCE ON A FARM? YES NO
3. NA. DEC (Typ. S. SEX M 10a. U du T 13. FAT	RE INSTITUTION 203] ME OF EASED e or print) SUAL OCCUPAT ring mast of wo Oach or HER'S NAME Edward	Webster 6. COLOR OR RACE AA ON (Give kind of work or control or	Th. 7. MARRIED X WIDOWED dane 10b. KIND	Middle Jo: NEVER MARRIED [DIVORCED [11•y B. DATE O	203 De	4. DATE OF DEATH	Manth 6	Day 3	ON A FARM? YES NO
S. SEX M 10a. U du T 13. FAT	EASED e or print) BUAL OCCUPAT ring most of wa each or HER'S NAME Edward	6. COLOR OR RACE	7. MARRIED X WIDOWED D	Je: NEVER MARRIED [DIVORCED [B. DATE O		OF DEATH	6	3	
10a. U du T 13. FAT	SUAL OCCUPAT ring mast of wa each er HER'S NAME	ON (Give kind of work	WIDOWED []	NEVER MARRIED [B. DATE O	F BIRTH	9. A			(Y DU
3. FAT	ring mast of wa each or HER'S NAME	ON (Give kind of wark of rking life, even if retired)	OF BUSINESS OR IN		2- 17	02 57		Manths Days	Hours Min.
15. WA {Yes, no	Edward			ational		IRTHPLACE (Stor		AMI.	12.CITIZEN OF	WHAT COUNTR'
{Yes, no					14. MO	THER'S MAIDEN	NAME			
CATION	PART I. DE anditions, if ave rise to suse (a), stating ing cause last	immediate DUE TO (c	DITIONS CONTR	inha	BUT NOT RELA		MINAL DISEASE CO		ONSE	WAS AUTOPS PERFORMED? YES NO
WEDICAL CR	TIME OF INJU Haur a.m. p.m.	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yee 19 hat I attended the	ar 20d. INJURY While I at wark	OCCURRED 20e Not while at work om. May	PLACE OF IN factory, street	JURY (Hame, fail), affice bldg., e	M, fram the	>, 19 69 causes and	(Caunty) nat I last saw on the date	the decease stated abay DATE SIGNI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06735

Petersburg, Maryland

24b. REGISTRAR'S SIGNATURE Cullun S. Kraus

24a. REC'D BY REGISTRAR

DATE JUN 1 3 '60

may be referred TO FUNERAL D TO HOSPIT VS A1S (4) 1SM 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

Theraten B. Jelley, Salisbury, Md

THE PURPLE OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSED. smills: it and the sales Ance gottest COL makes meaning & STATE OF THE STATE Sant Resided ill emissions, and the second control of the second second control of the second control and the second of the second of the second of the second Lieuwick Land of the Committee of the Co ABOUTED TO DE SO SEE THE PROPERTY OF THE PROPE Secretary in the same halfs of the continues in the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

06736

	5768	CERTIFICA	IE OF DEATH	30 12 12 24 - 50			
1.	PLACE OF DEATH o. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceosed lived. If institution: b. COUNTY	Residence before admission) Caroline		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Marydel	c. LENGTH OF STAY IN 16 40 Yrs.		utside corporote limits, write RUR	AL and give nearest town)		
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION None	et address)	d. STREET ADDRESS	None	e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print) Michele	Middle	LePore	4. DATE Month 6	18 19 60		
5.	TIPL 2 A	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9-30-1876		FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min.		
1	a. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired) Tarm Owner	b. KIND OF BUSINESS OR INDUS	Italy		Italy		
13.	Joseph LePore		No Reco				
	-		Felice LePo	Addres	Maryland		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which	Cardiova	Ren ascular/Dis Arterioscl	ease	INTERVAL BETWEEN ONSET AND DEATH		
7	gove rise to immediate couse (o), stating the <u>under-lying</u> couse lost.						
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITION Parkin	nson's Disease	9		N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	O. (Enter nature of injury in l	Part I or Part II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. m. 19 of work of work of work 19						
	21. I certify that (I) (this haspital) atters saw the deceased alive an June	nded the deceased from. 18' 1960, and that d	May 1 19 eath accurred at 54	58, ta June 18 M, fram the causes and			
	22c. PHYSICIAN'S	aster_	M.D. ATTENDING MI DI	ED. STAFF RECTOR PHYS.	22b. DATE SIGNED		
	NAME (TyCharles H. Sto	onester, M.D.	Greensb	oro, Maryland			
23	Burial (Specify) Burial 6-22-60	Holy Cross	R CREMATORY	23d. LOCATION (City, town, or Dover, Dela	county) (Stote)		
24	FUNERAL DIRECTOR'S SIGNATURE	elylozo Me	4		RAR'S SIGNATURE		

TO HOSPITY RATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 however, after deoth. Page 4 may be read by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 pars after death.

VR A15 (4) 15M 9/59

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VS A15 (4) 15M 9/55

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/ 6	. CRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director	uld be detached far use as the burial-transit permit. Then pleasy remove carbon papers. Pages 1 and 2 should be filed with	ir prior to burial, cremation, or removal, and in any event within 72 hours offer death.
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		67	63	CERTI	FICA	TE OF DEA	TH		Reg. Dist	0.675	88
1.	PLACE OF DEATH	ROLIN	E	MARY	LAND	2. USUAL RESIDENCE	(Where deceased	lived. If institution b. COUNTY			
	b. CITY OR TOWN (If a RURAL and give near	outside corporate limi	ts, write	LENGTH OF STAY		c. CITY OR TOWN	(If autside corporo	te limits, write R	URAL ond gi	ve nearest to	wn)
	d. NAME OF HOSPITAL	. (If not in hospital, g	ive street od	HO (76)	1	d STREET ADDRES	ss S			ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	SALLT	NE SE	Middle A N A	1	MORGAS	4. DATE OF DEATH	Man		Doy 5	Year 19 60
5.	SEX F	S. COLOR OR RACE	7. MARRIE	D NEVER MARRIE		B. DATE OF BIRTH	. 1873	. AGE (In years last birthday)		YEAR IF UND	DER 24 HRS.
10	. USUAL OCCUPATION during prost of warking	(Give kind of work of life, even if retired	dane 10b. Ki	301		TRY 11. BIRTHPLACE (S	State or foreign cou		12. CITI2	EN OF WHA	T COUNTR
13	FATHER'S NAME	m Jen	m (Bulloc	R	14. MOTHER'S MAID	EN NAME	C.	S	do	
	WAS DECEASED EVER I	N U. S. ARMED FOR yes, give war or dates of s	CEST 16. SC	OCIAL SECURITY NO	. 17. IN	ore Talu	cas S	trong	ress () e	ulow	he
	18. CAUSE OF DEATH PART I. DEATH IM Conditions, if ony,	WAS CAUSED BY: MMEDIATE CAUSE (a DUE TO	0	far (a), (b), and (c).	ial	them !	BYY &	age		INTERVAL E	MOS
	gove rise to imn cause (o), stating the lying cause lost.	nediate (13
CERTIFICATION	PART II. OTHER			NTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
	20a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING DI CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OF	CCURRED	. (Enter nature of injur	y in Part I ar Part I	l of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. j., p. m.	Month, Day, Yea	While at work [URY OCCURRED Nat while at wark	20e. PLA fact	CE OF INJURY (Hame, ory, street, office bldg.	farm, 20f. (City o	r town)	(Co	ounty)	(State)
	21. I certify that alive an	ausou	deceased , 12 \delta		death	occurred at			nd on the		
3	PHYSICIAN'S 0	wson	2.0	Jesuge	.M.	D. Do	noth	Mari	Jan	4	\
	REMOVAL (Specify)	June 28, 1	960	22c. NAME OF CEME	TERY OR		(Y)	ON (City Jown.	or county)	uel (Sto	nte)
23	FUNERAL DIRECTOR'S	Choose	Son	ADORESS Deus	to		REC'D BY REGISTRA		TRAR'S SIGN		
	0			/	Frie V						

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				Three in that
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			TOTAL DAVIS	
	10000	(A)		
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	e TNDs Lid Berner o		The state of the s	The west Life
107 H. H. H. H. L.			turius et est set o	
				The west Life

FOR STATE HEALTH DEPT.

TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay necessary please execute the strifficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fun director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremotion, or remaval, and in any event, within 72 hours ofter death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH PALTIMORE TO

RYLAND STATE DEPARTMEN	TOF HEALTH-BALTIMORE,	18 06739	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	Pag Dirt No	

5.7.41				Reg. Dist. I	Vo.
1. PLACE OF DEATH o. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (W		institution: Residence	
b. CITY OR TOWN It outside corporate limits, write RURAL and give nearest town) Rederalsburg	c. LENGTH OF STAY IN 16		outside corporate limits,	write RURAL and give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Charles Street	spital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle hols	Lost	OE.	Month Do 27. 196	y Yeor
5. SEX 6. COLOR OR RACE 7. MARRII White Widowei			9. AGE (In ye fost brilloday)	Months Days	R IF UNDER 24 HRS. Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. It during most of working life, even if retired) farmer and plant wrap		Maryla	and	U.S.	OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
John W. Nichels 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	FOCIAL ESCURITY NO. 117. INI		a Collins		
(Yes, na, or unknown) (If yes, give wor or dates of service)		formant cs. Chas K		ralsburg	, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c)	short - 7 in Shout	wound	to face	- /	reddu
PART II. OTHER SIGNIFICANT CONDITIONS CO. Aespon	ducky	OT RELATED TO THE TERMI	NAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year White P. m. 6 19 19 66 of we 21. I certify that I taok charge of the r	remains described abov	e, held on Autops)	Gel Gity or town 12deval	lung (County)	Sine M
actual SIGNATURE ACCUSANT DO	9	M.D. CHIEF MEDICAL EX	AMINER 🔲	determined man	DATE SIGNED
EXAMINER'S DOWS ON COMME (Type) 220. BURIAL, CREMATION, RIMOVAL (Specify) Durial June 30, 1960	PLOVIE M. A. PANE OF GENETERY OR C. CONCORD C.	DEPUTY MEDICAL E	Contract of		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Federalsburg	240. REC'D	BY REGISTRAR 246.	REGISTRAR'S SIGNAT	URE

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			Carrie and a mile
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	New Williams		011
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		Andrew Bur	Second State
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	OF THE RESERVE	t =	Charles III and the State of th

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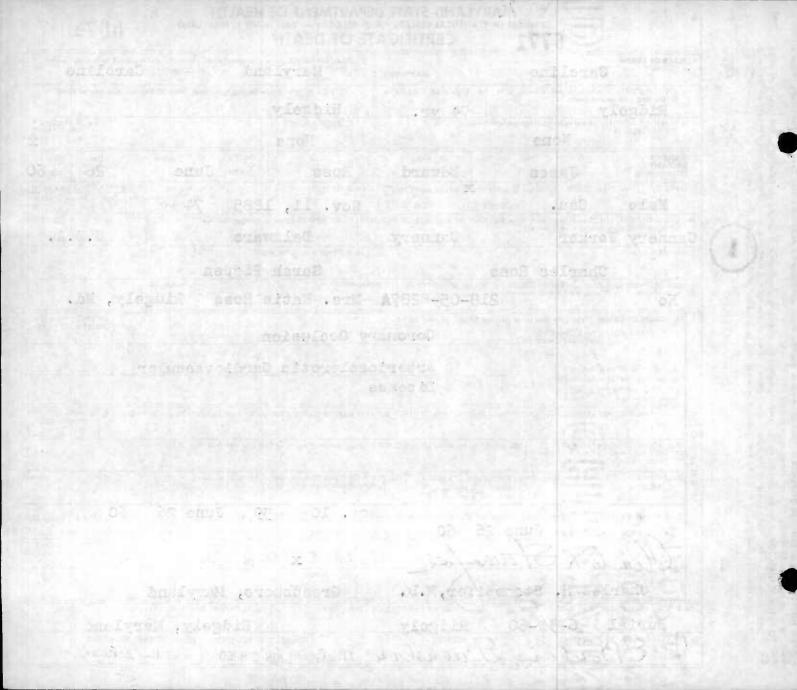
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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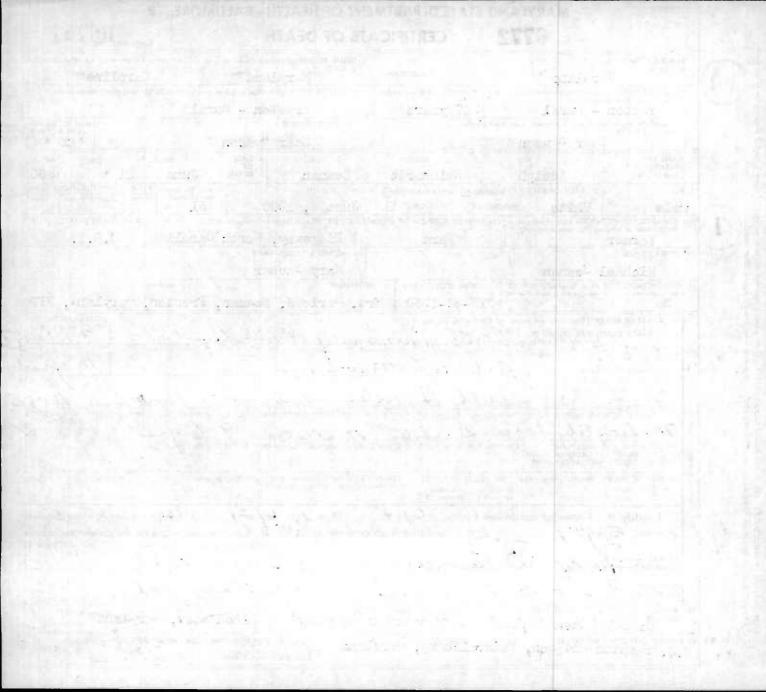
	044	1	CERTIFIC	CAIL	OF DEATH					
1. PLACE OF DEATH o. COUNTY	Caroline		MARYLA		usual residence (Wi	and	d. If institution b. COUNTY	Caro		ssion)
b. CITY OR TOWN RURAL ond give	and .	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF o		limits, write RU	RAL ond give	nearest low	n)
d. NAME OF HOS OR INSTITUTION	SPITAL (If not in hospital, gon Nome	ive street		1	d. STREET ADDRESS None				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	James	st	Middle Edward		Ross	4. DATE OF DEATH	June	1	_{роу} 26	Year 19 60
s. sex Male	6. COLOR OR RACE Cau.	7. MARR	RIED NEVER MARRIED ED DIVORCED		Nov. 11,	1885	GE (In years st birthdoy) 74 yrs.	Manths Do		
Cannery	ATION (Give kind of work working life, even if relired Worker	dane 10b.	Canner	7	Dela	ware	y)		U.S.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN					
	Charles		STATE OF			Pipper				
(Yes. no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of s	. ,	18-05-828	7A	Mrs. Kati	e Ross	Rid	gely,	Md.	
	DEATH [Enter anly one con DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c			nary	Occlusio	n			NTERVAL 8 DNSET ANI	ETWEEN D DEATH
43 C	DUE TO		Ante	rins	clerotic	Candio	Ta a coul	an		
gove rise to cause (a), stati lying cause lo	immediate DUE TO		Dise		70101010	Var dro	LUCABV		ħ.	
PART II.	OTHER SIGNIFICANT CON		CONTRIBUTING TO DEATI	H BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 1(PERF	AUTOPSY ORMED?
20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (I	Enter nature af injury in	Port I or Port II o	f item 18.)			
20c. TIME OF IN.	10	or 20d. II While at war	Nat while		OF INJURY (Home, farm , street, office bldg., etc		own)	(Cour	nty)	(Slote
21. I certify to	that (I) (this hospito eosed olive on JU) offend	ded the deceosed fr	om NC	th occurred at	59 to Ju				
22a. AlGylytuke	rels XI Si	1	anfeak	M.D	ATTENDING M	ED S	TAFF HYS. [2b. DATE SIGNEE
22c. PHYSICIAN NAME (Type Che	irles H. St	ones	fer, M.D.		22d. ADDRESS Greensb	oro, Ma	rylan	đ		
23a. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE THEREC		Ridgely	ERY OR C	REMATORY	23d. LOCATION	-1 1	county)	(Sto	ote)
24. FUNERAL DIRECT	Doulcei	0 2	ADDRESS	かない	MEC DATE JU	D BY REGISTRAR		trar's SIGNA		

VR A15 (4) 1SM 9/S9



	6772	CERTIFICA	ATE OF DEATH	1	Re	g. Dist. No. 7	41
1. PLACE OF DEATH o. COUNTY	aroline	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		h COUNTY -	esidence before oc aroline	lmission)
RURAL ond give r	(If outside corporate limits, write learest town) 1 — Rural	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	on - Rura	mits, write RURAL		town)
	TAL (If not in hospital, give street Near Hynson		d. STREET ADDRESS	Hynson	A46	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Adolph	Middle Reinhardt	lost Seaman	4. DATE OF DEATH	Month June	Doy 21	Year 19 60
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	las	E (In years IF U t birthday) Mai	NDER I YEAR IF U	NDER 24 HRS.
Male 10a. USUAL OCCUPATI during most of wor Farmes	ON (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR INDU	June 6, 190 STRY 11. BIRTHPLACE (State Ridgeway.	ar foreign country		2. CITIZEN OF WH	
13. FATHER'S NAME Michae	el Seaman		14. MOTHER'S MAIDEN N Mary Isch	IAME			
1S. WAS DECEASED EV (Yes. no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		rs. Marie J.	Seaman,	Address Preston.	Maryland	i, RFD
1 moder	the under DUE TO (c) HER SIGNIFICANT CONDITIONS TELLY Savere	rherate arter rich Hyper s CONTRIBUTING TO DEATH BUT - Disbets ESCRIBE HOW INJURY OCCURRE	mellite	2 - 7	6 yrs		AS AUTOPSY REFORMED?
	RY Month, Day, Year 20d. Whil		ACE OF INJURY (Home, farm ctary, street, office bldg., etc.	20f. (City or to	wn)	(County)	(State)
	nat I attended the deced	Lumnuy Plumner	accurred at 6:40	ADDRESS (Street, o	causes and or		e deceased ited above. DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify	June 25,1960		r emetery	22d. LOCATION (city, town, or collecter, Mar	yland	(State)
J.J. Frampt	om and Son, Fed	leralsburg, Mary	land 240. REC'I	2 8 '60	24b. REGISTRAI	R'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

		6773	EDICA	AL EXAMINE	R'S	CERTII	FICAT	E OF	DEATH	Reg. D	a.G.	742
	PLACE OF DEATH					2. USUAL RES	IDENCE (WI	here decea	sed lived. If inst	itulian: Resid	ence be	fore admission)
1	a. COUNTY Ca.	roline		MARYL	AND	a. STATE	Marvl	and	b. COUN	VIY Car	ilos	ne
	b. CITY OR TOWN (IF		e RURAL	c. LENGTH OF STAY II	N 1b				porate limits, wri			
0	end give nearest town) Preston	- Rural		Life		X	Prest	on	Runal			
			If not in ho	spital, give street address		d. STREET A		OII —	Ittl a.L			e. IS RESIDENCE
		r Harmony					Near !	Harma	war.			ON A FARM?
3.	NAME OF	Fig	-4	Middle		Lost		4. DATE	Mai	- 44-	Day	Year
1	DECEASED (Type or print)							OF DEATH				
	SEX	6. COLOR OR RACE	rson	Pennewell NEVER MARRIED		Will		PEATH	9. AGE (In years	IFUNDER	L8	1960 IF UNDER 24 HRS.
3.						77			last birthday)	Months	Days	Hours Min.
	Male	White	WIDOWE			June 8,			64 yr			
100	during most of working	IN (Give kind at work life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	NOUSTR			_			IZEN O	F WHAT COUNTRY?
	Farmer			Farm		Caro	line	Co.,	Maryland	I	J.S.	A.
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME				
2	Willia	m Penn Wil	lis			Nell	ie Gui	llett	e			
	. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT			Addre	165		
(No	(iii you, give war or adies or	26.1100)	None	Mr	s. M. M	artha	Lavt	on. Pres	ston. A	id	R.F.D.
	18. CAUSE OF DEAT	H [Enter only ane car	se per line			2 /1					INTE	IVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY		(Da. 101	.11	1 /1-	007				ONSI	T AND DEATH
	1-/1	IMMEDIATE CAUSE (o	-	· warel	A			un		-	-	-4/13-
	157	DUE TO			- (,
	Canditions, if an	igte couse										
	(a), stoting the u											
_	cause last.) (c										
CERTIFICATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMIN	AAL DISEAS	SE CONDITION G	IVEN IN PAR	T 1(o) 1	PERFORMED?
CAI		E SHELLER										res NO
RTIF	200. EXTERNAL CAU	SE WAS	b. DESCRIE	E HOW INJURY OCCURR	ED. (En	ter nature of in	jury in Port	or Port II	of item 18.)			
CE	CAUSE OF DEATH.											
3	20c. TIME OF INJUR	Y Month, Day, Ye		INJURY OCCURRED 20e	PLAC	E OF INJURY (H	Home, form,	20f. (Cit	y or town)	(Co	unty)	(State)
MEDICAL	Hour a.m. p. m.	19	While of w	e Not while ork ot work	tocide	ry, street, affice	bidg., etc.)					
	21. I certify th	at I toak charge	of the	remains described	abay	e, held an	Autopsy		nspection N	1. Inqui	ry M	, and find that
			-	, Accident ,			lamicide		ndetermined	_	1 7	, did find mai
		*			0010	,	dillicide	П,	nocicimineo	caose	7.	
	ACTUAL _	Dunnas	41	France		CHIEF	IEDICAL EVA	MINER C	,			DATE SIGNED
	SIGNATURE_	unine 1	4	easile		_M.U.	REDICAL EXA	- Paras				-19-62
	EXAMINER'S	1		01	- 0		NT MEDICAL				4	0-17-62
000	NAME (Type)	74456	70,	GLAF	YR		MEDICAL EX					
220	BURIAL CREMATION REMOVAL (Specify)			22c. NAME OF CEMETER		REMATORY		Near	r Federa	or county)	Me	(Stote)
		June 21	1300	Concord Ce	THE OF	ar A						
23.	J. Frampto	SIGNATURE	Fede	relshurg. Ma	ryl	and	24a. REC'D			GISTRAR'S SIG		
0	.1 .LT.STITD CO	m enia boll	- 540	- Carpone &			DATE J	UN 22	'60	arthur.	d. Th	alla

VS. A15ME(S) 5M 9/55

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